

ENSLAVED AFRICANS AND DOCTORS IN SOUTH CAROLINA

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This interpretation of the relationship between enslavement and American medicine in 19th century South Carolina reveals the intimacy that existed between Africans enslaved in that state and the doctors who practiced and taught there. Enslaved Africans were resourceful and reliable medical figures in the slave community. Their knowledge of medical botany permeated the slave quarters and plantation hospitals and was appropriated into southern medical knowledge. The trajectories of the careers of three South Carolina physicians are tied to their practice around and on the enslaved. The beginnings of gynecological surgery are linked to 1840s experimentation on enslaved African women performed by one of them. (*J Natl Med Assoc.* 2003;95:225-233.)

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The care of plantation Negroes formed the greater part of the practice of country physicians in the south before the [Civil War]...All simple cases, however...were cared for by the plantation nurse under the direction of the master or overseer.¹

Prior to the Civil War, medical treatment by white doctors was known as “slave medicine”, operating on an institutional level in special slave hospitals staffed with African nurses, in medical schools, in medical publications and in Southern newspapers.

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Slave medicine was practiced in an environment heavily populated with enslaved Africans. Although it was not limited to the South, slave medicine flourished there, particularly in the decade prior to the Civil War in South Carolina where Africans outnumbered whites two to one. This ratio provided abundant opportunities for white physicians to become familiar with African bodies, and to use those bodies in exploring the worlds of 19th century medicine: Doctors had plantation contracts, acted as expert witnesses in court cases involving slave health, and bought sick slaves to restore to health before reselling them. Not all South Carolina men trained in medicine in the 1830-1850 period became outstanding physicians. But South Carolina boasted its share of doctors who won national and international recognition and acclaim.

The medical careers of three South Carolina doctors—Francis Peyre Porcher, Julian John Chisolm, and James Marion Sims—provide concrete examples of the ways in which African bodies—both sick and well—were important to

the work of the physicians of the South during slavery. The socialization, medical education and medical practice of these three men illuminate the ways that hundreds of other 19th century South Carolina physicians and thousands of enslaved Africans in South Carolina were bound.

The three men held professional distinction. Both Dr. Porcher and Dr. Chisolm were vice presidents of the American Medical Association, in 1880 and 1895, respectively; and both were delegates to international medical conferences (1891 and 1887, respectively). Dr. Sims, the “father of gynecology,” was founder of New York’s Women’s Hospital (1853) and was important in the founding of Memorial Sloan-Kettering Cancer Center.

Born between 1813 and 1830, each of these native South Carolinian doctors was surrounded by enslaved Africans while growing up. Each received his medical education at the Medical College of the State of South Carolina, founded in Charleston in 1824. Each began his medical education and launched his career practicing on Africans in the South.

The Medical College, like other Southern medical schools, used live Africans extensively in medical demonstrations, and dead ones for dissections. The majority of the patients in the teaching hospitals were enslaved and were admitted at no charge to their owners. Their bodies provided the clinical material from which Charleston’s medical students learned. The Medical College’s infirmary for the enslaved had first been established in Charleston soon after the school was founded as “the first hospital established entirely for the purposes of teaching.”² In 1841, just five years before Francis Peyre Porcher entered, the College had established its permanent hospital to accommodate the demands of the growing number of Southern men seeking a medical education there, and the growing number of patients.

FRANCIS PEYRE PORCHER (1824-1895)

Prior to the Civil War, news of medical interest circulated through the newly-organized white

medical community of the United States by way of medical publications, medical schools, and at meetings of medical men. The southern doctors were learning to earn a living practicing on the enslaved: for example how to collect fees from slow-paying owners, and when to sue. They were also sharing information about the medical knowledge of enslaved Africans, especially what they were learning from women. Doctors observed the vegetable drug practices, then forwarded that knowledge to their colleagues in the white medical world. Dr. Francis Peyre Porcher was an important link in that transmission.

When the American Medical Association (AMA) was organized in 1848, one of its first standing committees was asked to present reports on the medical botany of Massachusetts and of South Carolina. The report on Massachusetts’ plants was not made, but the South Carolina report was notable. Based largely on information originally obtained from enslaved Africans of South Carolina’s Low Country, the report, “Medical Botany of South Carolina” was published in the second volume of the Association’s *Transactions* (1849). It was authored by an enthusiastic recent medical school graduate and valedictorian of his class of ’76, Dr. Francis Peyre Porcher.³ Porcher reported on the widespread usage of vegetable drugs in his South Carolina environment. The lush Low Country provided abundant plants for study by both Euro-Americans and Africans, and Porcher had paid particular attention to all that the African Low Country women were doing with plants while he was growing up on his family’s plantations—the exotically-named Ophir, Mexico and Peru—in Berkeley County, South Carolina.⁴ His 1847 prize-winning thesis at medical school, *Medico-Botanical Catalogue of the Plants and Ferns of St. John’s Berkeley, South Carolina*, described the plants he saw South Carolina Africans using for medicinal purposes.⁵ Porcher’s earliest published work, the report on South Carolina plants for the AMA

in 1849, was an expanded version of his medical school thesis and it explored the same plant usages.⁶

Charleston Medical Journal and Review, which Dr. Porcher edited from 1850-1855, regularly included correspondence from doctors describing the plant cures they obtained while practicing and observing among African people with knowledge of medical botany. For example, a Dr. Mitchell wrote to the *Journal and Review* in 1850 describing the medicinal properties of the black-root plant and reminding readers that,

It was long ago remarked by Dr.[Benjamin] Rush that he had gained many important facts from unscientific sources such as old women, nurses and others in the humblest walks of life, and that he never turned a deaf ear to a plausible fact from whatever source derived.

*The medical botany of South Carolina is little understood and the profession are in the possession of many facts, with regard to certain valuable medicinal plants, known as yet, only to some of our Negro population, and elicited from them by the curious and enterprising in the pursuit of truth.*⁷

Thus, when publications such as the *Journal and Review* circulated ideas and information throughout the South Carolina medical community and beyond, African medical practices, especially the uses of vegetable drugs, became known to the white medical world.

Then the Civil War came. The formation of the Confederate States of America and its Medical Department exhausted the faculty and student ranks of the Medical College as South Carolina doctors and prospective doctors, Porcher and Chisolm among them, left to join the Confederate Army. Eventually, according to Joseph Waring's *History of Medicine in South Carolina*, South Carolina contributed more than 600 physicians to the Confederate Army.²

Porcher was from a family of botanists and was well-placed in both the medical and social circles of Charleston. His medical botany background was of such value to the Confederates that their Surgeon-General, Dr. Samuel Preston Moore, asked fellow South Carolinian, Dr. Porcher, to begin his military service on a special project: completing a catalog of natural substances that could be used by the Confederacy to replace some of the materials that were becoming scarce.

The Civil War had brought a military blockade that forced the South to find substitutes for substances now no longer available, medicinal substances among them. Porcher's research was to aid the Confederates in getting what they needed to win the War. Porcher's Confederate research resulted in the publication of his famous botanical manual, a compendium of knowledge of the flora of the South. Entitled *Resources of Southern Fields and Forests—Medical, Economical and Agricultural—being also a Medical Botany of the Confederate States; with Practical Information on the Useful Properties of the Trees, Plants and Shrubs*, it was called "the book that saved the Confederacy" and Porcher's "most lasting memorial."^{4,8} It represented his continuing dissemination of the medical botanical knowledge he had gained from enslaved African women. Item after item in his various catalogs of plants and plant-derived substances are described as "used extensively in domestic practice" or "used by the Negroes," meaning enslaved African women.

Porcher gained a reputation throughout the Confederacy, and later throughout the American medical world for his book. Following the War, he kept the stature that he enjoyed before that conflict, resuming the leadership of the white medical community: president of the South Carolina Medical Association (1871) and president of the Medical Society of South Carolina (1874), which had established the deep South's first medical school 50 years earlier. He also

resumed editing the *Charleston Medical Journal and Review*, from 1873 to 1876.

Harvesting the knowledge of African practitioners in South Carolina's Africanized environment and studying black bodies his entire career—from a prize winning authorship (*Illustrations of Disease with the Microscope: Clinical Investigations*, 1860), to his honorary LLD (1891), to his Chairmanship of the section on general medicine at the Pan American Congress (1892)—Porcher was a doctor who made slave medicine work for him. The knowledge that he obtained from enslaved Africans was cultural property that had benefited the enslaved and would now benefit those who enslaved them.

JULIAN JOHN CHISOLM (1830-1903)

At the beginning of the War, Confederate Surgeon-General Moore asked another Charleston-born doctor and his fellow Medical College graduate, Doctor Julian John Chisolm, to write for the Army's Medical Department. Dr. Chisolm, a surgeon, was asked to produce a surgery handbook. The result, Chisolm's *Manual of Military Surgery*, was described as "the official text for Confederate military surgeons... the [manual] of the most value and...most inclusive."⁹

Although the manual was said to be based "largely upon [Chisolm's] observations in Italy" (where wounded soldiers were being treated during the second war of Italian unification in the late 1850s), it is hard to believe that Chisolm's brief European military observations could have been more instructive than a decade of practice on the sick and dying Africans that passed through the back doors of the medical school he attended; and his practice on other enslaved men and women who passed through its doors when he taught and practiced surgery there; and his practice on still more whose shadows touched the doors of the two slave hospitals he estab-

lished prior to the Civil War.

Like Porcher, Chisolm practiced slave medicine and was a medical educator. Both men were on the faculty of the Medical College before the War, Chisolm in surgery and Porcher in *materia medica*. The two of them, along with other doctors, established a medical summer school, Charleston Preparatory Medical School in 1852. Modeled on their *alma mater*, this summer school also had a slave hospital attached for student use. Two years later, Chisolm joined another doctor, J.C. Cain, in establishing another Charleston hospital "for the treatment of the diseases of the Negroes" at No. 4 Wilson Street.² Porcher and Chisolm studied, worked and taught in an environment that was rife with enslaved sick, injured and dead Africans; only briefly, during the Civil War was their practice mainly on white patients. When they returned to Charleston, they advanced significantly in post-Civil War South Carolina medicine, as well as in national and international spheres, helped in part by the publication and republication of their books.

After serving a brief term as Dean of the Medical College's faculty, Dr. Chisolm moved to Baltimore and in 1869 became Dean of the Medical School at the University of Maryland, where he is credited with being the first person to advise Helen Keller's parents that she was educable despite her disabilities.¹⁰ He became a specialist in diseases of the eye and ear and was among the first US doctors to use cocaine as a local anesthetic (1884).² Like Dr. Porcher, J.J. Chisolm was able to build a distinguished medical career, based extensively on his experience in slave medicine. For him, as for other South Carolina physicians, the use and misuse of the bodies of enslaved African men, women, and children was common and socially and professionally acceptable.

Ideas on Surgical Experimentation On Enslaved Africans

To the doctors of the slave South, women were considered peculiar or irregular because their

bodies deviated from the male model of anatomy and health that constituted the norm in Western medicine, indeed in Western thought. Women were considered “different”.¹¹ Furthermore, Africans were, at times, said to be of a different species than that of their enslavers. They, too, deviated from the (white) male model of anatomical perfection. Belonging to both deviating groups—being both female and African—South Carolina African women held the dubious distinction of belonging to yet another exclusive group: they were enslaved. It is little wonder that a convention arose based on the belief that the African woman’s “coarser” constitution made her better able to withstand pain, including childbirth, than the more “delicate” white woman. Thus, tough and enslaved African women were considered ideal subjects for medical experimentation, including surgery. To some, it “did not seem odd or usual then to use blacks in the way that a number of physicians in the South did.”¹²

An indication that the doctors of the South were more inclined to operate experimentally on slave women is suggested in the work on a number of early enslaved patients involved in abdominal surgery. Surgeon Francois Marie Prevost introduced the cesarean section operation to doctors in Louisiana, where from 1820 to 1825, he operated exclusively on enslaved women.¹³

Other significant medical advances that occurred during this time also emerged from experimentation on blacks, including Ephraim McDowell’s removal of ovaries, Crawford Long’s co-discovery of surgical anesthesia, and James Marion Sims’ repair of vesico vaginal fistula.¹⁴ The developing competition to conduct medical research in the fields of gynecology and obstetrics continued to make the bodies of enslaved women especially valuable and vulnerable in the middle of the 19th century. The experimental practice of the third physicians, J. Marion Sims, whose “place as a great figure in gynecology has never been seriously questioned,” is instructive.²

JAMES MARION SIMS (1813-1883)

Ideas about the black woman’s ability to withstand pain and about her coarser constitution converged with ideas about the need for the development of gynecological surgery. They crystallized in the experimental work of Dr. James Marion Sims. Unlike the well-to-do Charlestonians Porcher and Chisolm, Dr. Sims was not born with a silver spoon in his mouth. But he successfully used silver to create sutures, and he used his imagination to create the spoon-like Sims speculum, both designed to facilitate his experimental gynecological surgery on enslaved women. With his pioneering surgery, he created a place for himself in the annals of 19th century American medicine. Three public monuments recognize him: one in Montgomery, Alabama; another in Columbia, the capital of Sims’s home state of South Carolina; and one on Fifth Avenue at the edge of northern Central Park in New York City, where Sims achieved national and international fame as a pioneer gynecologist. His practice moved from enslaved African women to poor Irish immigrant women, to women of New York’s elite, and eventually, to women of European royalty.

Sims’ designation as the “father of modern gynecology” is based on a surgical repair, which he perfected in 1849, after extensive trials on enslaved women. He was practicing in Montgomery, Alabama, at the time that he perfected the procedure. It was described as one of the “great moments in medicine.”¹⁵ That great moment occurred with the successful completion of a procedure that Sims was attempting for the 13th time on his patient, an enslaved woman he called Anarcha. As Sims described her case and others in his autobiography, *The Story of My Life*, Anarcha had a vesico-vaginal fistula.¹⁶

This vesico-vaginal fistula, a tear or a rip, occurred in some women who had experienced prolonged labor. During the delivery, they developed complications, including tears in the vaginal wall. Women with vesico-vaginal fistulas

could not retain urine. It constantly dripped from their bodies, onto their flesh and into their clothing. Other birth-related fistulas affected the women's ability to retain their feces. The physical discomfort, the inflamed skin, the foul odors and the stigma associated with the condition meant that women thus afflicted were economic losses for their owners. Young enslaved African women were expected to have many childbearing years ahead of them, fulfilling an important economic function for their enslavers. Women experiencing vesico-vaginal fistulas most often received the tears while giving birth for the first time. The fistulas presented a no-win situation for their owners: the women were unable to work, and would be unable to bear children again. As Dr. Sims said to the owner of one 17-year old fistula victim, "She will not die, but will never get well, and all you have to do is to take good care of her so long as she lives."¹⁶ This fistula condition, preventing the future births of enslaved infants, was of great concern to their alarmed enslavers, who implored doctors like Sims to help rescue their economic investment in these women.

Ironically, the condition for which Sims' eventual surgery brought relief seems to have had its beginning in the poor diets of the enslaved. One study of Sims' career cites the enslaved women's poor diet as the cause of the skeletal disease rickets. Rickets caused pelvic malformation and the subsequent difficult labor experienced by these women when they tried to deliver their babies through an obstructed birth canal.¹⁷

In Montgomery, Alabama, during the mid 1840s, three enslaved women—Lucy, Betsey and Anarcha—had been given to Dr. Sims to try to correct their fistulas. When he decided to concentrate his practice exclusively on perfecting a surgical repair, Sims reportedly purchased several other women with fistulas and housed them all in his own slave hospital, which he expanded to accommodate them. Initially, he invited other

Montgomery doctors to witness and assist at his several experimental attempts at a surgical correction. After several of Sims' unsuccessful efforts, the other doctors stopped coming. "At last," he wrote, "I performed operations only with the assistance of the patients themselves."¹⁶ Avoiding anesthesia, he gave the women opium post-operatively.

Sims apparently subscribed to the commonly held theory that blacks had a specific physiological tolerance for pain, unknown by whites. He never felt the need to anesthetize his black patients in Montgomery. White women with fistulas who came to Sims in 1849 to have what finally had become successful surgery were unable to withstand the operation without anesthesia. Throughout his medical career, Sims maintained a class-bound prescription for the use of anesthesia with an unspoken premise that women in the wealthy tier were by far the most vulnerable to pain.¹⁷

In the spring of 1849, Sims perfected his procedure, but only after he had already operated unsuccessfully on the enslaved woman, Anarcha, 29 times. This time, using his specially crafted sutures of silver wire, and the speculum which he had designed, Dr. Sims successfully repaired her vesico-vaginal fistula and, in doing so, repaired her (still-enslaved) life. He then proceeded to repair the fistulas of the other women in his hospital who were similarly afflicted.

A measure of his concentration on his work is found in Sims' note in his memoirs that even while sick and seeking rest, he worked. Sims wrote that though he was elated at the successful repair he had completed, he was, nonetheless, suffering from the onset of new bouts with chronic and debilitating malaria. For that reason, he decided to vacation with his family at Butler Springs, Alabama. Although he wanted relief from his "long series of exhausting experiments," the diligent Dr. Sims nonetheless carried with him "three or four...uncured patients" who were suffering

from fistula, “to operate on; but I was too ill to do anything. I was utterly prostrated.”¹⁶

With his breakthrough, Dr. Sims’ gynecological fatherhood was underway, but he was not to remain in the South. Sims advanced his career and his own health by moving away from Alabama to New York City, where he continued the fistula operations and soon established the first women’s hospital at 83 Madison Avenue in New York City (1855). Offered the opportunity to practice in Europe with his famous silver sutures, Sims traveled there and continued to formulate his ideas about the wave of his occupational future—gynecological surgery. While Dr. Sims practiced in New York City, he corrected the vesico vaginal fistulas of immigrant Irish women who also had rickets and whose health also had been compromised by their diets. The potato famine in Ireland had driven them to New York “to find recovery in the [first] Women’s Hospital...perhaps because there was no way to care for them in Ireland.”¹⁷

The fame of Sims’ vesico vaginal fistula repairs carried his career skyward. During the Civil War, Sims moved from New York to Europe, living mostly in Paris, where he spent much of the remainder of his life. Concerned about his malaria flaring up, Sims never returned to the American South to live. In New York, he trained other South Carolina-born obstetricians and gynecologists such as Theodore Gaillard Thomas (1831-1903) and Walker Wylie (1848-1923) in New York’s Women’s Hospital.² Described as “one of the few South Carolinians who became a great figure in medicine” Sims was the “inspirational founder of what was to become Memorial Sloan-Kettering Cancer Center.”^{2,18} Less well known, however, are those other great figures, the enslaved women called Anarcha, Lucy and Betsey, with whom Sims had his surgical beginnings and who were returned to their owners following their successful surgeries.

The situation of South Carolina’s white doc-

tors at the end of the Civil War had changed. The war had left the South and its slave medicine professionals without the familiar slave nurses, slave hospitals, plantation practice and without the familiar supplies of enslaved clinical material. That altered atmosphere is reflected in the minutes of the re-organizing meeting of the South Carolina Medical Association, a group whose lives had been disrupted between 1861 and 1869 by that war. Those had been years of “immense hardship in the devastated South”; a time when, according to Waring’s *History of Medicine in South Carolina*, the Association breathed only an occasional labored breath. The high level of physician interest and participation that had characterized the founding of the Association in 1848 had dropped precipitously. However, Dr. J.J. Chisolm initiated talk of reviving the Association, and Dr. Simon Baruch of Camden, South Carolina circulated a letter of concurring opinion, and with positive results.

An 1869 reorganizing meeting was organized and addressed by its newly-elected president, Dr. Alexander N. Talley. In his speech, he identified the demise of the slave system as the culprit in the physicians’ financial bind, and he complained that, due to the weight of these calamities,

*the compensation for the physician has ceased to yield the country practitioner even a slender support, compelling him to cast about for other means to eke out a subsistence and forbade him to share in any other enterprise no matter how commendable, which involves the smallest pecuniary outlay.*²

The situation was bad, but not all doctors suffered equally. Francis Peyre Porcher also helped to revive the Medical Association, medical publications, the medical school itself and the medical community at large in Charleston. He went on to resume national and international positions in medicine. But while Porcher continued to

climb his career ladder, most of South Carolina's doctors—now without the enslaved African South Carolinians as property—suffered financially. Some doctors had anticipated the financial outlook and had never returned to South Carolina after the War. Like Sims, they continued their careers outside of the Deep South. Others, like Chisolm returned to the South only for a short time before moving further north.

Many doctors, however, remained in the South and suffered the consequences of the new and daunting social order that Dr. Talley had described. Even Dr. Baruch, new to the medical profession when the Civil War ended, and anxious to restart the Medical Association of his adopted state, struggled for several years without significant practice. His farm and its laborers kept his family fed. He was often paid in produce. He eventually abandoned South Carolina and moved to New York in 1880, with "total financial assets of \$18,000, the fruit of 16 years as a country doctor."¹⁹ Even by that time, the prosperous lives that South Carolina doctors had enjoyed during the enslavement of Africans were becoming distant memories for those doctors. For the formerly enslaved and their descendants, it was a different story. They never forgot the treatment they had received at the hands of white medical men. They recorded their recollections in folk memory and preserved them in storytelling sessions where African-descended people gathered.

Historian Gladys-Marie Fry studied the widespread belief among both rural and urban early 20th century blacks in phenomena they associated with white medical men. Attitudes and beliefs about night doctors, body snatchers and grave robbers were prevalent in Washington, DC, among the many migrants from rural and urban areas of the South.²⁰ Those ideas were not about the supernatural, but about what was believed to be the familiar on-going use of black bodies for undisclosed medical purposes. Those ideas were already hundreds of years old and were undoubt-

edly based on thousands of previous experiences, like those of enslaved Africans in 19th century South Carolina. These experiences did not end at Emancipation. The 1972 revelations of the Tuskegee Syphilis Study—more than 100 years after the Civil War ended formal slavery—made it clear that the systematic use in America of Africans and their descendants for experimental medical purposes had not ended.

CONCLUSION

It was on black bodies that many 19th century white American medical careers were built. The enslaved African women called Anarcha, Lucy and Betsey were distinguished contributors to 19th century American medicine. Not only did they assist in Sims' experimental surgery when others would not, but their own ill, malnourished, injured, and enslaved bodies were offered up to the advancement of science. The careers of Doctors Porcher, Chisolm and Sims illustrate the reliance of Southern doctors on enslaved Africans for information, for clinical material, for financial gain and for professional advancement.

More study is needed of the written records of the antebellum period. The medical writings, medical association meeting minutes, diaries, memoirs, family histories, committee reports, and correspondence are important resources for study. Undoubtedly, they hold additional secrets of African involvement in 19th century American medicine. Learning those secrets enable us—the descendants of the enslaved, the descendants of the doctors who practiced on them, and all beneficiaries worldwide of American medical advances of the 19th century—to understand the contributions those ancestors have made. Those contributions are a bridge that has brought us over.

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